OIPE JC90
NOV 3 0 2000
PATENT & TRADEMARK OFFICE

CFW 10
AP-1270

APPLICATION FOR UNITED STATES PATENT
DECLARATION AND POWER OF ATTORNEY

I hereby declare, as a named inventor of the invention identified herein, that my residence, post office address and citizenship are as stated below next to my name; that I verify and believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE: IMAGE FORMING SYSTEM, IMAGE FORMING DEVICE, FUNCTION SETTING METHOD AND STORAGE MEDIUM

which is described and claimed in the specification: a. _____ attached hereto; b. _____ filed June 22, 2000 as U.S. Patent Appln. Serial No. 09/599,823 and amended on _____; c. _____ identified by the Assignee as reference number _____ and assigned by my attorney ATTORNEY DOCKET NUMBER _____.

I hereby declare that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above, and hereby acknowledge the duty to disclose information of which I am aware which is material to this application for patent on the invention described in the above-identified specification in accordance with 37 C.F.R. §1.56.

I hereby claim priority benefits under 35 U.S.C. §119 based on the following foreign applications(s) filed within one year prior to this application:

PRIORITY: Japanese Patent Application No. 11-180134 filed June 25, 1999

The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the UnitedStates of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) (INSERT "NONE" IF NO CORRESPONDING CASES): NONE

I hereby appoint Marc A. Rossi (Reg. No. 31,923) as my attorney of record with full power of substitution and revocation to prosecute this application, to transact all business in the Patent Office, and to insert on this document the Attorney Docket Number assigned to this application. I further direct that all correspondence in connection with this application be sent to my attorney at the address provided below:

ROSSI & ASSOCIATES
P.O. BOX 826
ASHBURN, VA 20146-0826
(703) 904-4332

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(1) Inventor's Name: Satoshi (Given Name) _____ (Middle Initial) OOKUMA (Family Name)

Residence: Ohta-ku (City) Tokyo (State/Province) Japan (Country)

Mailing Address: c/o CANON KABUSHIKI KAISHA, of 3-30-2, Shimomaruko, (Street/P.O. Box)

Ohta-ku (City) Tokyo (State/Province) 146-8501 (Zip) Japan (Country)

Citizenship: Japan

Signature: Satoshi Ookuma Date: November 8, 2000

ADDITIONAL INVENTORS PROVIDED ON ATTACHED PAGES YES x NO ____